

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 7-23-01 through 8-3-01. Provider representative, ____, indicated during a telephone conversation on 12-16-02, that dates of service 7-23-01 through 7-30-01 had been paid. A letter of withdrawal for those dates would be forwarded.
- b. The request was received on 7-28-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No response noted in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 9-20-02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file. There was not initial response noted in the file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-22-02:
"Dates of service 7/23/01-8/3/01 have been reduced because of a fee guideline mar reduction. According to the fee guidelines work hardening is billed under code 97545 with a modifier WH for the first two hours and any additional hour is billed 97546 with a modifier WH for \$51.20. For each date of service only three hours have been paid. Each date of service has been billed correctly and should be paid accordingly to the fee guidelines."
2. Respondent: No Response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 8-1-01 through 8-3-01.
2. The Carrier has denied the disputed services as reflected on the EOB as “F – FEE GUIDELINE MAR REDUCTION”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
8-1-01 8-2-01 8-3-01	97546 WH 97546 WH 97546 WH	\$307.20 \$307.20 \$307.20	\$153.60 \$153.60 \$153.60	F F F	\$51.20 per hr. for NON-CARF accredited facility	TWCC Rule 133.304 (c); CPT Descriptors	<p>The Provider rep. indicated to the MDRO, during a phone conversation, that the dates of service 7-23-01 through 7-30-01 had been paid by the carrier. The Carrier has denied the remaining disputed services as “F – FEE GUIDELINE MAR REDUCTION”. No response was noted in the dispute packet from the Carrier. Additionally, no additional EOBs or reaudits were noted. The Carrier has failed to support the denial as reflected on the EOBs.</p> <p>TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” The Carrier has not provided sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, additional reimbursement is recommended in the amount of \$460.80.</p> <p>A review of the data sheets reflected a total billed time of:</p> <p>5 hr., date of service 8-1-01 5 hr., date of service 8-2-01 5 hr., date of service 8-3-01 for a total of 15.0 hrs. (\$51.20 x 15.0 hrs. = \$768.00 - \$307.20 = \$460.80)</p>
Totals		\$921.60	\$460.80				The Requestor is entitled to additional reimbursement in the amount of 460.80 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$460.80 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of December 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll